

CANCER CENTRE WELFARE HOME AND RESEARCH INSTITUTE

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Dear Patient / Relative / Visitor,

Your continuing suggestions & support help to make our Hospital a better organization. Kindly spare a few moments to complete the following, so that we can strive to fulfill your expectations. Please drop the completed Feedback Form in the collection box, placed at the OPD reception, or hand it over personally to Floor Manager – OPD / Asst. MS.

Warm Regards, Director's Office – CCWH & RI, Thakurpukur.

FEEDBACK FORM

I came as a (Please Tick)		Patient	☐ Relative		Visitor
NAME		REG. NO.	AGE	SE.	X M/F
ADDRESS					
PHONE / EMAIL					
BED		WARD	DOCTOR		
DIAGNOSIS		TREATMENT			
My hospital stay at CCWH & RI was because of the following factors :		☐ Pleasant		Satisfactory	Unpleasant
□ The Hospita	al environment is	□ Good		Average	□ Poor
□ The Ward F	Facilities are	☐ Good		Average	☐ Poor
□ The Toilet(s	s) are	☐ Good		Average	☐ Poor
□ The Food /	Diet is	☐ Good		Average	☐ Poor
□ The service	of attending Doctors is	☐ Good		Average	☐ Poor
□ The service	e of attendant Nurses is	☐ Good		Average	☐ Poor
☐ The Hospita	al Billing is	☐ Good		Average	☐ Poor
□ The Recept	tion / Enquiry service is	☐ Good		Average	☐ Poor
□ The Admiss	sion Process is	☐ Good		Average	☐ Poor
□ The Discha	rge Process is	☐ Good		Average	☐ Poor
Overall I rat	te CCWH & RI as	☐ Good		Average	☐ Poor